

Health Check up Booking Confirmed Request(22S38980),Package Code-, Beneficiary Code-294748

From Mediwheel <wellness@mediwheel.in>

Date Thu 11/14/2024 2:42 PM

To PHC [MH-Ghaziabad] <phc.ghaziabad@manipalhospitals.com>

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Mediwheel
...Your wellness partner

011-41195959

Hi **Manipal Hospital,**

The following booking has been confirmed. It is requested to honor the said booking & provide priority services to our client

Hospital

Package Name : Mediwheel Full Body Health Checkup Male Below 40

Patient Package Name

: Mediwheel Full Body Health Checkup Male Below 40

Contact Details : 7575820319

Appointment Date

: 15-11-2024

Confirmation Status

: Booking Confirmed

Preferred Time : 08:30 AM - 09:00 AM

Member Information		
Booked Member Name	Age	Gender
Shashank yadav	35 year	Male

We request you to facilitate the employee on priority.

Thanks,
Mediwheel Team

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भारत सरकार
GOVERNMENT OF INDIA



भारत सरकार



शशंक यादव
Shashank Yadav
जन्म तिथि / DOB: 24/05/1989
पुरुष / MALE
Mobile No.: 9958084867

4880 3329 0216
VID : 8170 6272 5436 0367

मेरा आधार, मेरी पहचान

Shashank

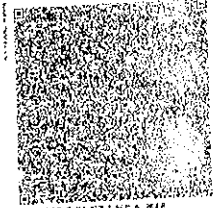


भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA



पता
Download Date: 14/11/2022

S/O रविन्द्र यादव, 276, बारी खा चोक्क,, जलेशर, एटा,
उत्तर प्रदेश - 207302



Address:
S/O Ravindra Yadav, 276, bari kha
chowk,, Jalesar, Etah, Uttar Pradesh -
207302

4880 3329 0216
VID : 9170 5272 5436 8057



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help@uidai.gov.in

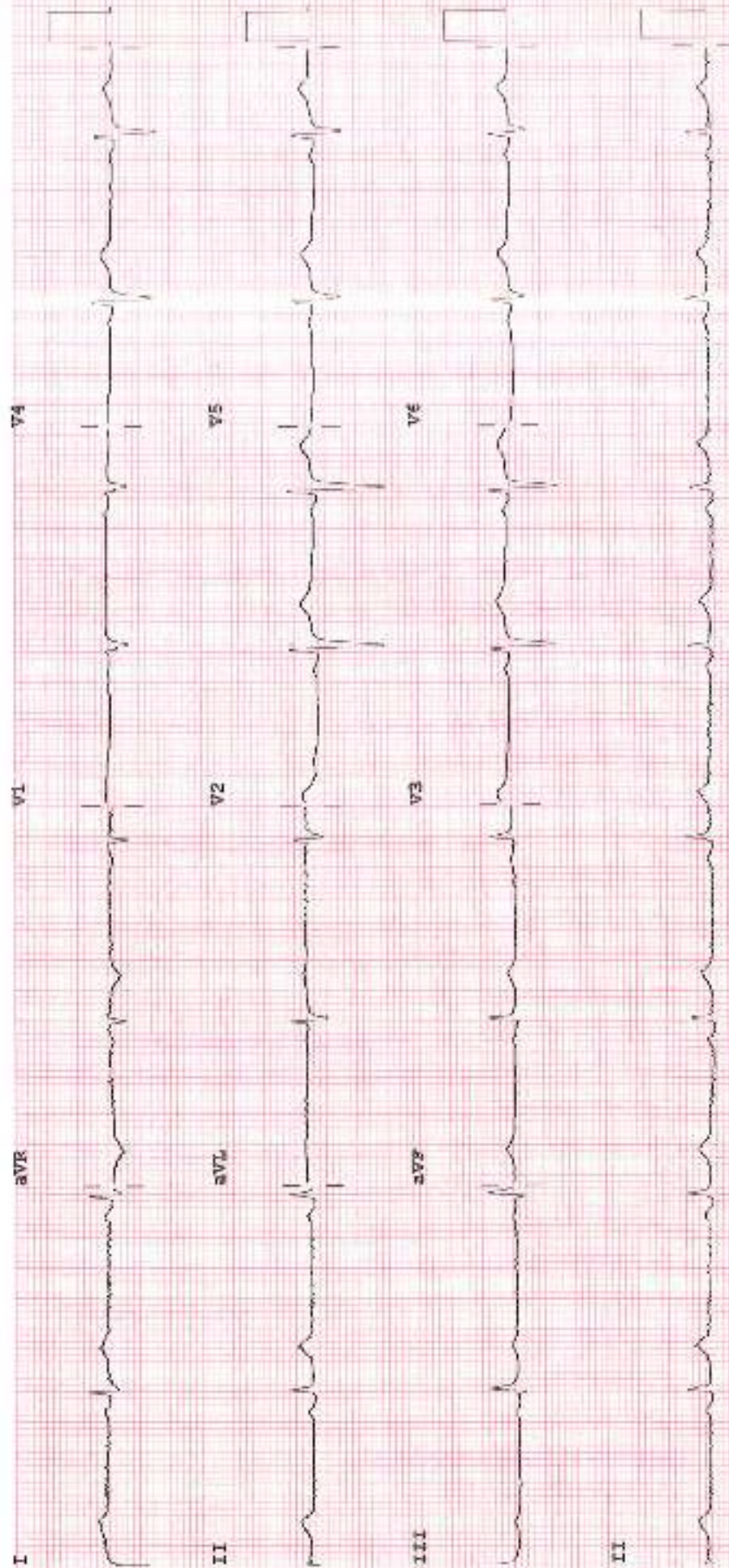


www.uidai.gov.in

(MC)

- OTHERWISE NORMAL ECG -

Unconfirmed Diagnosis



Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

F 60~ 0.15-100 Hz

PH100B CL P?

Dev:



TMT INVESTIGATION REPORT

Patient Name	MR SHASHANK YADAV	Location	: Ghaziabad
Age/Sex	: 35 Year(s)/male	Visit No	: V000000001-GHZB
MIRN No	MH014279067	Order Date	: 15/11/2024
Ref. Doctor	: H/C	Report Date	: 15/11/2024

Protocol	: Bruce	MPHR	: 185BPM
Duration of exercise	: 6min 11sec	85% of MPHR	: 157BPM
Reason for termination	: THR achieved	Peak HR Achieved	: 189BPM
Blood Pressure (mmHg)	: Baseline BP : 120/80mmHg Peak BP : 140/80mmHg	% Target HR	: 102%
		METS	: 7.2METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	75	120/80	Nil	No ST changes seen	Nil
STAGE 1	3:00	144	130/80	Nil	No ST changes seen	Nil
STAGE 2	3:30	177	140/80	Nil	No ST changes seen	Nil
STAGE 3	0:11	189	140/80	Nil	No ST changes seen	Nil
RECOVERY	3:14	95	130/80	Nil	No ST changes seen	Nil

COMMENTS:

- No ST changes in base line ECG.
- No ST changes at peak stage.
- No ST changes in recovery.
- Normal chronotropic response.
- Normal blood pressure response.

IMPRESSION:

Treadmill test is **negative** for exercise induced reversible myocardial ischemia.

Dr. Bhupendra Singh
MD, DM (CARDIOLOGY), FACC
Sr. Consultant Cardiology

Dr. Abhishek Singh
MD, DNB (CARDIOLOGY), MNAMS
Sr. Consultant Cardiology

Dr. Sudhanshu Mishra
Cardiology Registrar

Dr. Geetesh Govil
MD, D. Card, PGDCC, MAAC, M. Med, MIMA, FAGE
Jr. Consultant Cardiology

Manipal Hospital, Ghaziabad

NH - 24, Hapur Road, Ghaziabad, Uttar Pradesh - 201 002

P: 0120-3535353

Manipal Health Enterprises Private Limited

CIN: U85110KA2003PTC033055

Regd. Off. The Annex, #98/2, Rustom Bagh, Off. HAL Airport Road, Bengaluru - 560 017

P +91 80 4936 0300 E info@manipalhospitals.com www.manipalhospitals.com

**LABORATORY REPORT**

Name : MR SHASHANK YADAV
 Registration No : MH014279067
 Patient Episode : H18000003228
 Referred By : HEALTH CHECK MGD
 Receiving Date : 15 Nov 2024 09:07

Age : 35 Yr(s) Sex : Male
 Lab No : 202411002846
 Collection Date : 15 Nov 2024 09:07
 Reporting Date : 15 Nov 2024 13:45

BLOOD BANK

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Blood Group & Rh Typing (Agglutination by gel/tube technique)			Specimen-Blood
Blood Group & Rh typing	B Rh(D) Positive		

Technical note:

ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique.

Page 2 of 2

NOTE:

† - Abnormal Values

-----END OF REPORT-----



Dr. Charu Agarwal
 Consultant Pathologist



LABORATORY REPORT

Name : MR SHASHANK YADAV
Registration No : MH1014279067
Patient Episode : H18000003228
Referred By : HEALTH CHECK MGD
Receiving Date : 15 Nov 2024 13:12

Age : 35 Yr(s) Sex : Male
Lab No : 202411002848
Collection Date : 15 Nov 2024 13:12
Reporting Date : 16 Nov 2024 12:53

BIOCHEMISTRY

BIOLOGICAL REFERENCE INTERVAL

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE Specimen: Plasma GLUCOSE, POST PRANDIAL (2P), 2 HOURS Method: Hexokinase	124.1	mg/dl	[80.0-140.0]

Note:
Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying, brisk glucose absorption, post exercise

-----END OF REPORT-----

Dr. Alka Dixit Vats
Consultant Pathologist

**LABORATORY REPORT**

Name	: MR SHASHANK YADAV	Age	: 35 Yr(s) Sex : Male
Registration No	: MH014279067	Lab No	: 202411002846
Patient Episode	: H18000003228	Collection Date	: 15 Nov 2024 09:07
Referred By	: HEALTH CHECK MGD	Reporting Date	: 15 Nov 2024 13:14
Receiving Date	: 15 Nov 2024 09:07		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Specimen Type : Serum			
THYROID PROFILE, Serum			
T3 - Triiodothyronine (ELFA)	2.130	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	6.780	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	3.300	uIU/ml	[0.250-5.000]

NOTE:

TSH stimulates the thyroid gland to produce the main thyroid hormones T3 and T4. In cases of hyperthyroidism TSH level is severely inhibited and may even be undetectable. In rare forms of high-origin hyperthyroidism, the TSH level is not reduced, since the negative-feedback control of the thyroid hormones has no effect. In cases of primary hypothyroidism, TSH levels are always much higher than normal and thyroid hormone levels are low.

The TSH assay aids in diagnosing thyroid or hypophysial disorders.

The T4 assay aids in assessing thyroid function, which is characterized by a decrease in thyroxine levels in patients with hypothyroidism and an increase in patients with hyperthyroidism.

The test has been carried out in Fully Automated Immunoassay System VIDAS using ELFA (Enzyme Linked Fluorescence Assay) technology.



LABORATORY REPORT

Name : MR SHASHANK YADAV
Registration No : MH014279067
Patient Episode : H18000003228
Referred By : HEALTH CHECK MGD
Receiving Date : 15 Nov 2024 09:07

Age : 35 Yr(s) Sex : Male
Lab No : 202411002846
Collection Date : 15 Nov 2024 09:07
Reporting Date : 15 Nov 2024 13:17

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
RBC COUNT (IMPEDENCE)	4.81	millions/cumm	[4.50-5.50]
HEMOGLOBIN	13.8	g/dl	[13.0-17.0]
Method: cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	42.2	%	[40.0-50.0]
MCV (DERIVED)	87.7	fL	[83.0-101.0]
MCH (CALCULATED)	28.7	pg	[25.0-32.0]
MCHC (CALCULATED)	32.7	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	14.0	%	[11.6-14.0]
Platelet count	277	x 10 ⁹ cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	10.30	fL	
WBC COUNT (PC) (IMPEDENCE)	5.84	x 10 ⁹ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	49.0	%	[40.0-80.0]
Lymphocytes	43.0 #	%	[20.0-40.0]
Monocytes	7.0	%	[2.0-10.0]
Eosinophils	1.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	25.0 #	mm/1sthour	[0.0-10.0]



LABORATORY REPORT

Name : MR SHASHANK YADAV
Registration No : MH014279067
Patient Episode : H18060003228
Referred By : HEALTH CHECK MGD
Receiving Date : 15 Nov 2024 09:07

Age : 35 Yrs) Sex : Male
Lab No : 202411002846
Collection Date : 15 Nov 2024 09:07
Reporting Date : 15 Nov 2024 14:47

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin Specimen: EDTA HbA1c (Glycosylated Hemoglobin) Method: HPLC	5.2	%	[5.0-5.6] As per American Diabetes Association (ADA) HbA1c in % Non diabetic adults >= 18years <5.7 Prediabetes (At Risk) 5.7-6.4 Diagnosing Diabetes >= 6.5
Estimated Average Glucose (eAG)	103	mg/dl	

Comments : HbA1c provides an index of average blood glucose levels over the past 8-12 weeks and is a much better indicator of long term glycemic control.

ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

MACROSCOPIC DESCRIPTION

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	CLEAR	
Reaction(pH)	5.0	(4.6-8.0)
Specific Gravity	1.005	(1.003-1.035)

CHEMICAL EXAMINATION

Protein/Albumin	NEGATIVE	(NEGATIVE)
Glucose	NIL	(NIL)
Ketone Bodies	Negative	(NEGATIVE)
Urobilinogen	Normal	(NORMAL)



LABORATORY REPORT

Name	: MR SHASHANK YADAV	Age	: 35 Yr(s) Sex :Male
Registration No	: MH014279067	Lab No	: 202411002846
Patient Episode	: H18000003228	Collection Date	: 15 Nov 2024 09:46
Referred By	: HEALTH CHECK MGD	Reporting Date	: 15 Nov 2024 13:51
Receiving Date	: 15 Nov 2024 09:46		

CLINICAL PATHOLOGY

MICROSCOPIC EXAMINATION (Automated/Manual)

Pus Cells	2-3/hpf	(0-5/hpf)
RBC	NIL	(0-2/hpf)
Epithelial Cells	NIL	/hpf
CASTS	NIL	
Crystals	NIL	
Bacteria	NIL	
OTHRSG	NIL	

Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL	217 #	mg/dl	[<200] Moderate risk:200-239 High risk:>240
Method:Oxidase,esterase, peroxide			
TRIGLYCERIDES (GPO/POD)	180 #	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL	56	mg/dl	[35-65]
Method : Enzymatic Immuno-inhibition			
VLDL- CHOLESTEROL (Calculated)	36 #	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	126.0 #	mg/dl	[<120.0] Near/ Borderline High:130-159 High Risk:160-189
Above optimal-100-129			
T.Chol/HDL.Chol ratio (Calculated)	3.9		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio (Calculated)	2.3		<3 Optimal 3-4 Borderline >6 High Risk



LABORATORY REPORT

Name : MR SHASHANK YADAV
Registration No : MH014279067
Patient Episode : H18000003228
Referred By : HEALTH CHECK MGD
Receiving Date : 15 Nov 2024 09:07

Age : 35 Yr(s) Sex : Male
Lab No : 202411002846
Collection Date : 15 Nov 2024 09:07
Reporting Date : 15 Nov 2024 10:15

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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Notes:
Reference ranges based on ATP III Classifications.

Lipid profile is a panel of blood tests that serves as initial broad medical screening tool for abnormalities in lipids, the results of this tests can identify certain genetic diseases and determine approximate risks for cardiovascular disease, certain forms of pancreatitis and other diseases

KIDNEY PROFILE

Specimen: Serum UREA Method: CLON, Kinetic assay	17.4	mg/dl	[15.0-40.0]
BUN, BLOOD UREA NITROGEN Method: Calculated	3.1	mg/dl	[8.0-20.0]
CREATININE, SERUM Method: Jaffe rate-IDMS Standardization	0.97	mg/dl	[0.70-1.20]
URIC ACID Method: uricase PAP	6.7	mg/dl	[4.0-8.5]
SODIUM, SERUM	139.30	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.47	mmol/L	[3.60-5.10]
SERUM CHLORIDE Method: ISE Indirect	105.3	mmol/L	[101.0-111.0]
eGFR (calculated) Technical Note	100.7	ml/min/1.73sq.m	[>60.0]

eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to 1.73 sq.m BSA and is not applicable to individuals below 18 years. eGFR tends to be less accurate when Serum Creatinine estimation is indeterminate e.g. patients at extremes of muscle mass, on unusual diets etc. and samples with severe Hemolysis Icterus / Lipemia.



LABORATORY REPORT

Name : MR SHASHANK YADAV
Registration No : MH014279067
Patient Episode : H18000003228
Referred By : HEALTH CHECK MGD
Receiving Date : 15 Nov 2024 09:07

Age : 35 Yr(s) Sex : Male
Lab No : 202411002846
Collection Date : 15 Nov 2024 09:07
Reporting Date : 15 Nov 2024 10:15

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
LIVER FUNCTION TEST			
BILIRUBIN - TOTAL Method: D F D	0.51	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: SPD	0.06	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN(SERUM) Method: Calculation	0.45	mg/dl	[0.10-0.90]
TOTAL PROTEINS(SERUM) Method: BIURET	7.70	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.49	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	3.20	gm/dl	[1.60-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.40		[1.00-2.50]
AST(SGOT) (SERUM) Method: IFCC W/O PSP	26.01	U/L	[0.00-40.00]
ALT(SGPT) (SERUM) Method: IFCC W/O PSP	32.70	U/L	[17.00-63.00]
Serum Alkaline Phosphatase Method: AMP BUFFER (FCC)	88.1	IU/L	[32.0-91.0]
GGT	20.7	U/L	[7.0-50.0]



LABORATORY REPORT

Name : MR SHASHANK YADAV
Registration No : MH014279067
Patient Episode : H18000003228
Referred By : HEALTH CHECK MGD
Receiving Date : 15 Nov 2024 09:07

Age : 35 Yr(s) Sex : Male
Lab No : 202411002846
Collection Date : 15 Nov 2024 09:07
Reporting Date : 15 Nov 2024 10:15

BIOCHEMISTRY

TEST RESULT UNIT BIOLOGICAL REFERENCE INTERVAL

Liver function test aids in diagnosis of various pre hepatic, hepatic and post hepatic causes of dysfunction like hemolytic anemia's, viral and alcoholic hepatitis and cholestasis of obstructive causes.

The test encompasses hepatic excretory, synthetic function and also hepatic parenchymal cell damage. LFT helps in evaluating severity, monitoring therapy and assessing prognosis of liver disease and dysfunction.

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-----END OF REPORT-----

Dr. Churu Agarwal
Consultant Pathologist



LABORATORY REPORT

Name : MR SHASHANK YADAV
Registration No : MH014279067
Patient Episode : H18000003228
Referred By : HEALTH CHECK MGD
Receiving Date : 15 Nov 2024 09:07

Age : 35 Yr(s) Sex : Male
Lab No : 202411002847
Collection Date : 15 Nov 2024 09:07
Reporting Date : 15 Nov 2024 11:17

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	84.5	mg/dl	[70.0-110.0]

Normally, the glucose concentration in extracellular fluid is closely regulated so that a source of energy is readily available to tissues and so that no glucose is excreted in the urine.

Increased in Diabetes mellitus, Cushing's syndrome (10-15%), chronic pancreatitis (30%).
Drugs corticosteroids, phenytoin, estrogen, thiazides

Decreased in Pancreatic islet cell disease with increased insulin, insulinoma, adrenocortical insufficiency, hypopituitarism, diffuse liver disease, malignancy(adrenocortical, stomach, fibro sarcoma), infant of a diabetic mother enzyme deficiency diseases(e.g.galactosemia),
Drugs-
insulin, ethanol, propranolol, sulfonylureas, tobutamide, and other oral hypoglycemic agents.

-----END OF REPORT-----

Dr. Charu Agarwal
Consultant Pathologist



RADIOLOGY REPORT

NAME	Shashank YADAV	STUDY DATE	15/11/2024 9:27AM
AGE / SEX	35 y / M	HOSPITAL NO.	MH014279067
ACCESSION NO.	R8587445	MODALITY	US
REPORTED ON	15/11/2024 10:09AM	REFERRED BY	HEALTH CHECK MGD

**USG ABDOMEN & PELVIS
FINDINGS**

LIVER: appears grossly enlarged in size (measures 188 mm) but normal in shape and shows diffuse increase in liver echotexture, in keeping with diffuse grade I fatty infiltration. Rest normal.

SPLEEN: appears enlarged in size (measures 122 mm) but normal in shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 12.5 mm.

COMMON BILE DUCT: Appears normal in size and measures 3.2 mm.

IVC, HEPATIC VEINS: Normal.

BILIARY SYSTEM: Normal.

GALL BLADDER: Gall bladder is well distended. Wall thickness is normal and lumen is echofree. Rest normal.

PANCREAS: Pancreas is normal in size, shape and echotexture. Rest normal.

KIDNEYS: Bilateral kidneys are normal in size, shape and echotexture. Cortico-medullary differentiation is maintained. Rest normal.

Right Kidney: measures 103 x 52 mm.

Left Kidney: measures 107 x 50 mm.

PELVI-CALYCEAL SYSTEMS: Compact.

NODES: Not enlarged.

FLUID: Nil significant.

URINARY BLADDER: Urinary bladder is well distended. Wall thickness is normal and lumen is echofree. Rest normal.

PROSTATE: Prostate is normal in size, shape and echotexture. It measures 30 x 28 x 25 mm with volume 11 cc. Prostatic parenchymal calcification is seen. Rest normal.

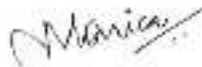
SEMINAL VESICLES: Normal.

BOWEL: Visualized bowel loops appear normal.

IMPRESSION

- Gross hepatomegaly with diffuse grade I fatty infiltration in liver.
- Splenomegaly.

Recommend clinical correlation.



Dr. Monica Shekhawat

MBBS, DNB, CCFRG, ACFRG (Reg No MCI 11-10887)

CONSULTANT RADIOLOGIST

*****End Of Report*****

**RADIOLOGY REPORT**

NAME	Shashank YADAV	STUDY DATE	15/11/2024 9:22AM
AGE / SEX	35 y / M	HOSPITAL NO.	MH014279067
ACCESSION NO.	R8587444	MODALITY	CR
REPORTED ON	15/11/2024 9:28AM	REFERRED BY	HEALTH CHECK MGD

X-RAY CHEST – PA VIEW**FINDINGS:**

Lung fields appear normal on both sides.
Cardia appears normal.
Both costophrenic angles appear normal.
Both domes of the diaphragm appear normal.
Bony cage appear normal.

IMPRESSION:

No significant abnormality noted.
Needs correlation with clinical findings and other investigations.



Dr. Sapna Sharma
MBBS,DNB, Reg No 8191
CONSULTANT RADIOLOGIST

*****End Of Report*****